2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000005951



Mar 27, 2008 8:00 am Secretary of State

FILED

THE AMARANTH DIABETES FOUNDATION, INC.						03-27-200	06 9002	.9 013	O.	1.43	
Principal Place of Business 1516 E COLONIAL DRIVE STE 100-E 0RLANDO, FL 32803 Mailing Address 1516 E COLONIAL 0RLANDO, FL 32803			E STE 100-E								
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02272008						
						Chg-NP	CR2	ZE037 (1	· · · · · ·		
City & State		City & State			4. FEI Numbe 59-3679					plied For Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desire	d 🗆	\$8. Fee	75 Add Required	itional	
	6. Name and Address of Current	Registered Agent	Namo		7. Name and	Address of Nev	w Registe	red Agen	t		
SCHWEBEL, MARTIN D				Name							
1516 E COLONIAL DRIVE STE 100-E ORLANDO, FL 32803			Street A	Street Address (P.O. Box Number is Not Acceptable)							
			City					FL i	Zip Code	·	
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or	registere	ed agent, or bott	h, in the State of		• •	iar with,	and accept	
the obligat	ions of registered agent.										
SIGNATURE .											
,	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered Agent signat	ure required v	when reinstating)		Ð	ATÉ			
si	Signature, typed or printed name of registered agent	9. Election Can	npaign Financing		\$5 00 May B	e _	Make c	heck pa			
21 . 46 * 4	Fillng Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C	npaign Financing -		\$5.00 May Bo	<u> </u>	Make c lorida De	heck pa	nt of St	ate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block; 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIRANE M. DEAN-SECRETARY JUNIO M. DEAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/28/08 804-171-3916